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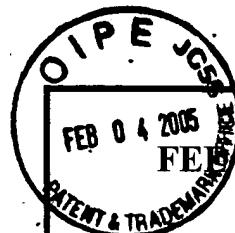
TRANSMITTAL FORM

Application Serial Number	10/642,509
Filing Date	August 18, 2003
First Named Inventor	Jeff C. Sellers
Group Art Unit	2632
Examiner Name	Walberg, Teresa
Attorney Docket No.	ASX-064
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]		
<input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449		
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place 14 th Floor Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	<p>Respectfully submitted,</p> <p><i>Deborah M. Vernon</i> Deborah M. Vernon Agent for the Applicant(s) Proskauer Rose LLP One International Place 14th Floor Boston, MA 02110-2600</p>


 FEE TRANSMITTAL
FY 2005

Complete if Known	
Application Serial Number	10/642,509
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METHOD OF PAYMENT

Payment Enclosed:
 Check Money Order Other

The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081

Required Fees (copy of this sheet enclosed).

Additional fee required under 37 CFR 1.16 and 1.17.

Overpayment Credit.

Applicant claims small entity status.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount

1. TOTAL

2. EXCESS CLAIM FEES

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	Fee (\$)	Small Entity Fee (\$)
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	50	25
	200	100
Total Claims	Extra Claims	Fee Paid (\$)
82	- 63 or HP= 19	X \$50 = 950

HP = highest number of total claim paid for, if great than 20

Indep. Claims	Extra Claims	Fee Paid (\$)
7	- 3 or HP= 4	X \$200 = 800

HP = highest number of total claim paid for, if great than 20

Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)
	360	180	360

2. TOTAL: 2110

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100 =	/50 =	round up to a whole number	x =	

3. TOTAL:

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Boston, MA 02110
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

Complete if Known

FEE CALCULATION (continued)

4. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 st mo.	120
450	225	Extension for reply within 2 nd mo.	
1,020	510	Extension for reply within 3 rd mo.	
1,590	795	Extension for reply within 4 th mo.	
2,160	1,080	Extension for reply within 5 th mo.	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	180
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
110	55	Submission of Terminal Disclaimer	
		Other fee (Specify)	
		Other fee (Specify)	

4. TOTAL:

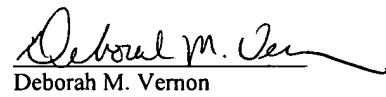
300

TOTAL AMOUNT SUBMITTED

(\$ 2410.00)

SIGNATURE BLOCK

Respectfully submitted,


Deborah M. Vernon
Agent for the Applicant(s)
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600